U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under PIL 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT    Fig.   Read The Instructions Carefully Before Preparing This Report	For Official Use Only	
1 File Number U -	READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT
1 File Number U	E (AUG182mc)	
2 Fiscal Year Covered From	B B DEOF	
3 Name and address of person fling Name John R Shields, Jr Name John R Shields, Jr  A Name, file number, and address of labor organization Name John R Shields, Jr  Labor Organization File Number 336-366  P O Box, Bidg, Room No, if any  Street 5829 Allentown Road  City Camp Springs State Maryland ZIP Code + 4 27046  State Maryland ZIP Code + 4 20746  State Maryland ZIP Code + 4 20746  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in, engaged in transactions (ink luding loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 6 Name and address of Employer (including trade name, if any)  Tade Name, if any  P O Box, Bidg, Room No, if any  Tade Name, if any  Trade Name, if any  Street  Signature  15 Signature and verification The undersigned de-Jeres, under penalty of Pepury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	1 File Number U - 9895	2 Fiscal Year Covered From
Name John    R   Shields   Jr   Shields   Jr		1 / 1 / 2004 Through 12 / 31 / 2004
Labor Organization File Number 036-366  P.O. Box, Bidg , Room No , if any  Street 5829 Allentown Road  City Camp Springs  State Maryland  ZiP Code +4 27046  State Maryland  ZiP Code +4 20746  A Held an interest in, engaged in transactions (including loans) with, or denvete recommon benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  A mane and address of Employer (including trade name, if any)  P.O. Box, Bidg , Room No , if any  Trade Name, if any  P.O. Box, Bidg , Room No , if any  Street  Signature  Signature  Signature  Labor Organization File Number 036-366  P.O. Box, Budging and Room Number, if any  Street 5829 Allentown Road  City Camp Springs  State Maryland  ZiP Code +4 20746  ZiP Code +4 20746  State Maryland  ZiP Code +4 20746  To Amount  Street  City  Signature  Signature  Signature  On 8/14/2004  301-899-8134	3 Name and address of person filing	4 Name, file number, and address of labor organization
P O Box, Bildg , Room No , if any  Street	Name John R Shields, Jr	Name Washington DC Building & Const Trades Council
Street S829 Allentown Road  City Camp Springs  State Maryland  ZiP Code + 4 27046  State Maryland  ZiP		Labor Organization File Number 036-366
City Camp Springs  State Maryland  ZIP Cods + 4 27046  State Maryland  ZIP Cods + 4 27046  State Maryland  ZIP Code + 4 20746  Fostion in labor organization  Business Representative  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in, engaged in transaction (including loans) with, or denoised front in the instructions)  A Held an interest in, engaged in transaction (including loans) with, or denoised front in the instructions)  A Held an interest in, engaged in transaction (including loans) with, or denoised front in the instructions)  For a Nature of Interest Transaction, or Income  7 a Nature of Interest Transaction, or Income  7 b Amount  Street  City  State  ZIP Code + 4  Signature  15 Signature and verification The undersigned de Jares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, frue, correct, and complete (See the section on penalties in the instructions)	P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
State Maryland ZIP Code + 4 27046 State Maryland ZIP Code + 4 20746  5 Position in labor organization Business Representative  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in, engaged in transactions (in liuding loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name, if any)  7 a Nature of Interest Transaction, or Income  Trade Name, if any  P O Box. Bidg , Room No , if any  7 b Amount  Street  City  Signature  15 Signature and verification The undersigned de Jares, under penalty of Penury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)  On 8/14/2004 301-899-8134	Street 5829 Allentown Road	Street 5829 Allentown Road
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Name of Person Filing John Shields, Jr	File Number U-	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Amalgamated Bank	a Labor Organization	
Trade Name, if any	b Trust	
P O Box, Bldg , Room No , if any	c Employer	
Street 15 Union Square		
City New York		
State   New York   ZIP Code + 4   10003-3378		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Banking Services	
Trade Name, if any		
P O Box Bldg , Room No , if any		
Street	11 b Approximate dollar value of such dealing \$0	
City	12 a Nature of interest held or income received	
State ZIP Code + 4	Dinner 10/6/04	
	12 b Amount \$52	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment	
(including trade name, if any)		
Name		
Trade Name, if any		
P O Box, Bidg , Room No , if any		
Street		
City		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	